MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037306 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 374

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS-300 Rev. 4/59

1 0941
2 0945
3 2
4 0
5 2
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7 0
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Francios
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Length of stay in 1b: 1 Wk.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Francios
c. CITY OR TOWN: Farmington — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): West Columbia St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George — Middle: M. — Last: Mackley

4. DATE OF DEATH: Month: Sept. — Day: 15 — Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1/11/1881

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HR: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: State Employee

11. BIRTHPLACE (City and state or country): St. Francios County Mo. U.S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Hiram Mackley

13b. MOTHER'S MAIDEN NAME: Elizabeth Hipes

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): NO

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Betty Yeager Farmington, Mo. Rt.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic H. dis. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1958 to Sept 15, 1963 and last saw him alive on Sept 15, 1963
Death occurred at 10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R.A. Huckstep (Degree or title) MD — 22b. ADDRESS: Farmington, Mo — 22c. DATE SIGNED: 9/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Sept. 17/1963 — 23c. NAME OF CEMETERY OR CREMATORY: Parkview — 23d. LOCATION (City, town, or county) (State): Near Farmington Missouri

24. FUNERAL DIRECTOR — ADDRESS: C.H. Cozean Farmington Mo.

25. DATE RECD. BY LOCAL REG.: Sept 16, 1963

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed O. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.